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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Turkey

Proposed UNFPA assistance:	$5.5 million, $4.5 million from regular resources and $1 million from co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2001-2005)
Cycle of assistance:	Third
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.75	1.0	3.75
Population and development strategies	25	-	25
Advocacy	1.0	-	1.0
Programme coordination and assistance	0.5	-	0.5
Total	4.5	1.0	5.5

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TURKEY

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	76	≥60
Contraceptive prevalence rate (%)[2]	63	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	--	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	43.9	≤65
Infant mortality rate (per 1,000 live births)[5]	45	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	72	≥50
Secondary net enrolment ratio (%)[8]	72	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1 Electronic database,World Health Organization, December, 1999.
2 United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3 UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4 United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5 United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6 The World Bank, *World Development Indicators, 2000*. N.B. According to a 1997 national survey, the maternal mortality ratio was 54 per 100,000 live births.
7 UNESCO, *Education for All: Status and Trends* series (1977, 1998, 1999 editions).
8 UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2000	66,591	Annual population growth rate (%)	1.43
Population in year 2015 (000)	80,284	Total fertility rate (/woman)	2.23
Sex ratio (/100 females)	102.0	Life expectancy at birth (years)	
Age distribution (%)		Males	68.0
Ages 0-14	28.3	Females	73.2
Youth (15-24)	20.6	Both sexes	70.5
Ages 60+	8.5	GNP per capita (U.S. dollars, 1998)	3160

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2001-2005 to assist the Government of Turkey in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.5 million, $4.5 million of which would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be UNFPA's third programme of assistance to the country. Turkey is a "Category B" country under the Fund's resource allocation criteria.

2. The proposed programme was formulated through a broad participatory process involving a wide range of ministries, universities, non-governmental organizations (NGOs) and other civil society organizations and donors, taking into consideration national health and population policies and priorities as reflected in the Eighth Five-Year Development Plan. It is based on the findings and recommendations of the Country Population Assessment (CPA) exercise concluded in March 2000, which involved various stakeholders, national experts and the UNFPA Country Technical Services Team (CST) based in Amman, Jordan. The proposed programme reflects the United Nations system's Common Country Assessment (CCA), which will be elaborated upon during the United Nations Development Assistance Framework (UNDAF) exercise, currently under joint preparation with the Government. The programme gives due consideration to ensuring complementarity with the programmes of other donors, particularly those to be implemented by the European Union and the World Bank.

3. The overall goal of the proposed programme is to contribute to the Government's objective of "reaching a population structure compatible with a balanced and sustainable development and to reduce disparities". The main purposes of the proposed programme are: (a) to contribute to further increase the accessibility of integrated reproductive health services, and to improve the quality of these services, particularly those delivered by the public sector; (b) to contribute to the development of adolescent reproductive health services and to address the educational needs of young people in terms of sexual and reproductive health; (c) to strengthen political commitment and resource mobilization for the implementation of the Programme of Action of the International Conference on Population and Development (ICPD); and (d) to contribute to the provision of information to monitor progress in the implementation of the ICPD Programme of Action. To achieve these purposes, three subprogrammes will be designed in reproductive health, population and development strategies, and advocacy. Gender concerns will be mainstreamed throughout the three subprogrammes.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the ICPD

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Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The 1997 population census enumerated the population of Turkey at 62.9 million. The annual population growth rate is estimated at 1.5 per cent, down from 2.5 per cent prior to 1990. The total population is projected to reach 75 million in 2010 and 86 million in 2025, before stabilizing at just under 100 million. By 2025 the population of reproductive age will increase by 40 per cent. In the last decade, Turkey has moved from being a country of emigration to one of immigration, asylum and transit, while still maintaining a decreased level of emigration.

6. The total fertility rate has declined to 2.6 children per woman according to a 1998 demographic and health survey (DHS). The contraceptive prevalence rate is approximately 64 per cent (DHS); approximately 38 per cent of women are using modern methods, a small increase from 1993 (35 per cent). Traditional methods, mainly withdrawal, are still the most popular form of contraception (24 per cent in 1998). Induced abortion is widely used (14.6 per cent) as a back-up to contraceptive failure and unplanned pregnancies. Unmet family planning needs remain at 10 per cent. Infant mortality has declined to an estimated 43 per 1,000 in 1998, and the country has witnessed a similar decline in maternal mortality, which according to a 1997 hospital-based study is estimated at 54 per 100,000 live births. Two thirds of maternal deaths could be prevented with improved hospital conditions and prevention of unwanted pregnancies. Sexually transmitted diseases (STDs) and HIV/AIDS cases are believed to be increasing, although they may be underreported.

7. Two thirds of the population lives in urban areas, while the rural population is falling both in absolute and in relative terms. Although the process of urbanization that began during the 1950s and 1960s has started to slow down, population relocation continues to disorganize the distribution of all services, including health. Many of the fast growing peri-urban areas lack health infrastructure and personnel while the availability and quality of services has declined in depopulated rural zones.

8. National data disguise wide disparities in demographic and reproductive health indicators according to regional, urban/rural, and socio-economic characteristics. For example, the total fertility rate is at the replacement level (2.03) in the western part of the country but remains at 4.2 in the east. The contraceptive prevalence rate for any modern method is 40.5 per cent in the west versus 26.7 per cent in the east. Home deliveries account for 12.7 per cent of the total in western Turkey compared to 54.4 per cent in the east, while the infant mortality rate is 32.8 per 1,000 in the west against 61.5 per 1,000 in the east. Half of women with 8 years and more of education use modern contraception, against 25 per cent among those with fewer years of education.

9. The public sector plays a dominant role in the provision of family planning services as is illustrated by the fact that 75 per cent of the users of intra-uterine devices (IUDs) rely on public health facilities. The role of the private sector is on the increase. NGOs are playing a critical role as advocates for policy change, experimenters of innovative and quality services, but are more limited as suppliers of reproductive health services (1 per cent). Four important manufacturers in Turkey produce or import drugs and contraceptives.

10. The Constitution states that all Turkish citizens are equal and free from discrimination on the basis of gender. However, the social and economic parity of women lags behind their legal rights, and inequalities remain in the marital rights and duties of men and women. Gender and regional gaps in education persist: 18 per cent of males complete secondary school as against 12 per cent of females and one third of the female population aged 6 and over in the eastern part of the country have not completed primary school. All reservations placed on some articles of the Convention to End All Forms of Discrimination Against Women (CEDAW) were lifted as of 20 September 1999 in line with the country's family law. A draft bill on equity and equality among women and men is pending in the Parliament.

Previous UNFPA assistance

11. UNFPA began activities in Turkey in 1971, initially on a project-by-project basis. The first country programme was approved in 1988 in the amount of $5 million for the period 1988-1992 and was extended through 1994. The second country programme (1995-1999, extended through 2000) was approved for $7 million, $6 million of which was to come from UNFPA's regular resources. The main objective of the programme was to extend access to quality reproductive health and family planning services to underserved peri-urban and rural populations and to improve the national policy framework. UNFPA expenditures amounted to approximately $5.5 million during the extended second country programme.

12. The second country programme achieved several results in the area of population and development strategies. It upgraded the research and data analysis capacity of the State Institute of Statistics, strengthened the curriculum of the Institute of Population Studies at Hacettepe University in population and development, and provided assistance for the 1998 DHS. The Fund supported a conference on population and the environment for policy makers and government officials that highlighted the relationships between demographic factors and sustainable development.

13. In the area of reproductive health, through its assistance to the Ministry of Health and to NGOs, the programme contributed to increasing knowledge and use of reproductive health services, especially among the disadvantaged population of the fast growing peri-urban settlements. It contributed to provision of comprehensive reproductive health services, including screening for STDs and HIV and counselling, in 80 per cent of the public health centres located

in poor urban and semi-urban areas in the Governorates of Ankara, Istanbul, Diyarbakir and Adana. The programme contributed to improving the clinical and counselling skills of thousands of service providers working in poor urban areas of Antalya, Bursa, Kocaeli, Içel and Izmir. Reproductive health counselling services for youth were provided for the first time in at least 24 public health centres. Pioneer interventions to address adolescent reproductive health were implemented through UNFPA support to NGOs and the Ministry of National Education. The programme also provided support to the National AIDS Commission and UNAIDS activities. UNFPA contributed to restoring reproductive health services in the provinces affected by the 1999 earthquakes and initiated training activities with the newly established International Children's Center (ICC).

14. Several key lessons were learned from the past programme. At the national level, a giant step was taken in developing strategies for women's health and family planning. However, the implementation of these strategies still lags behind. Additional efforts are needed to develop a realistic action plan and to define priorities for implementation. Unmet reproductive health needs remain significant in some geographical regions and socio-economic groups and should be the first priority of the national women's health plan. The Ministry of Health still faces the need to strengthen its management and supervision systems to address gaps in the availability and quality of comprehensive reproductive health services and to improve the counselling skills of service providers.

15. The decentralization of the training system has brought positive results in the provinces where it was implemented. The Ministry of Health needs to further strengthen this decentralized training system. Collaboration among the directorates of the Ministry of Health on one hand, and between the Ministry of Health and the national family planning association, NGOs and private sector on the other, needs to be strengthened in order to broaden the coverage, accessibility and complementarily of reproductive health services. On the demand side, more effective health communication strategies have to be developed to address clients' dissatisfaction with modern methods, poor male involvement, and the needs of special groups, such as adolescents.

Other external assistance

16. Around 95 per cent of the total resources used for population and health in Turkey are from domestic funding. In 1996 the Ministry of Health budget amounted to $2.15 billion, or 2.76 per cent of the national budget. By comparison, for the period 1993-1999 external assistance amounted to $67 million. The United States Agency for International Development (USAID) supported training (in-service and pre-service), social marketing, policy development and data collection. The Japan International Cooperation Agency (JICA) provided technical assistance in the area of health communication. The German Government focused on the promotion of innovative IEC programmes on family health and prevention of STDs and AIDS.

World Bank loans aim for the most part to increase access to primary health care services through infrastructure development, support for health-sector reforms and the expanded programme of immunization. Other reproductive health actors include WHO, whose work included strengthening primary health-care delivery and support for policy reform. The International Planned Parenthood Federation (IPPF) has supported the activities of its member association. The Government of the Netherlands has indicated an interest in supporting health activities in the Van region and the work of the World Aids Foundation.

17. The major donor (USAID) in the area of reproductive health plans to phase out its support by 2001. Meanwhile, a new donor (the European Union) has announced plans to provide significant assistance, but it has limited local experience. Considering its mandate, experience and the trust it has gained with the Government, academic institutions and donors, UNFPA is positioned to play a leading role in the areas of population and development, advocating for quality and affordable reproductive health services and mobilizing support for the ICPD Programme of Action and the recommendations from the ICPD+5 review.

Proposed programme

18. The overall goal of the proposed programme and its purposes are noted in paragraph 3 above. Given the limited resources available to the programme and in order to secure maximum impact at national level, UNFPA assistance will support national strategies for providing reproductive health services of improved quality and reducing gender, socio-economic and regional disparities.

19. Reproductive health subprogramme. The reproductive health subprogramme aims to increase the accessibility of integrated and quality reproductive health information and services. By the end of the programme cycle, programme activities and outputs would have contributed to improved reproductive health through increased coverage of antenatal care; increased proportion of safe deliveries; increased contraceptive prevalence rate, particularly increased use of modern methods and decreased use of traditional methods; and decreased rates of abortion.

20. The first output of the proposed subprogramme will be an updated action plan for the implementation of the national strategy on the integration of reproductive health services. UNFPA will assist the Ministry of Health in the process of revising the national strategy and developing a plan of action for its implementation at all levels. This will include the participation of a wide variety of stakeholders in setting priorities, defining time-frames, reaching agreement on indicators of progress and managing such mitigating factors as high personnel turnover, as well as developing a plan for coordination among all actors. UNFPA will work closely with multilateral and bilateral donors to ensure that their programmes, most particularly those concerned with health-care reform, support the implementation of the national strategy.

21. The second output of the proposed programme would be strengthened management of reproductive health services through training of a core number of managers at the central, provincial and district levels. UNFPA will assist the Ministry of Health in developing a management-training curriculum. Special emphasis will be given to training in the use of monitoring tools, supervision techniques, utilization of the health information system reports, the analysis of data to assess progress of service delivery and its impact, and the use of data to improve decision making. A comprehensive training plan aimed at establishing a team of qualified trainers will be developed for the training of Ministry of Health managers at the provincial and district levels.

22. The third output would be strengthened quality of reproductive health services through improved competence of service providers. UNFPA will build on the previous assistance to improve quality of care through training and will continue its efforts to strengthen the training capacity of the Ministry of Health. It will also increase the training focus on counselling skills, antenatal care, STDs and HIV/AIDS, cervical and breast cancer prevention and menopause. UNFPA will support training of trainers' activities, revision of the training curriculum to integrate the recommendations of project evaluations, and the expansion of the number of residential training sites.

23. UNFPA activities will also include strengthening pre-service training capacity. UNFPA will build on the work of a USAID cooperating agency that has integrated a reproductive health curriculum in selected medical universities and schools of midwifery. Assistance will be provided to an additional number of medical and midwifery schools to improve their clinical training in the areas of counselling, antenatal care, prevention and treatment of STDs, cancer screening and prevention, menopause, and adolescent reproductive health.

24. As one of the critical dimensions of the quality of care, the reproductive health subprogramme will contribute to reducing service providers' biases and addressing the gender dimensions of the quality of services provided. In Turkey, the provision of reproductive health services remains driven by health providers whose biases against hormonal and permanent methods are pervasive and further nurture clients' own misinformation. UNFPA's efforts to change the behaviour of service providers as well as male and female clients include formative research to understand the root causes of the biases and to design a training component for counselling and related information, education and communication (IEC) materials.

25. A communication strategy to reach men and women in underserved populations living in southeastern provinces will also be developed. Community-based services (CBS) employing outreach and community networks and local NGOs will be utilized in the southeastern provinces. A special IEC program for men in the military will also be developed. Indicators of success include: (a) increased method mix and improved client knowledge of method use; and (b) increased satisfaction with reproductive health services in the project areas.

26. The fourth output will be to have developed a strategy to respond to the reproductive health service and information needs of young people. UNFPA will provide support to the introduction of youth-friendly reproductive health services at selected institutions and for integrating reproductive health and sex education in formal and non-formal education programmes. UNFPA will support the replication of successful models of youth reproductive health centres in selected institutions (governmental, NGO, associations and university medical services). If feasible, UNFPA will encourage pilot testing of such models in the private sector as well. Service providers will be specifically trained on youth-friendly contraceptive counselling and IEC aimed at changing high-risk behaviours for the prevention of unwanted pregnancies and STDs and for the adoption of healthy lifestyles. In addition, youth reproductive health centres will be equipped with hot lines.

27. Yearly evaluations will be carried out in order to advise implementers on how to replicate the most appropriate models. The design of reproductive health IEC activities and services will be based on qualitative research and focus group discussions among various segments of the youth population, their teachers and parents. Access by adolescents to unbiased information will be increased through innovative approaches with the aim of changing high-risk behaviour. UNFPA will also provide assistance to the Ministry of Education to integrate sexual and reproductive health education in its curricula up to grade 12 in selected schools and in out-of school youth programmes. In this area, UNFPA will work closely with other United Nations agencies (UNICEF, UNESCO and WHO) that are working on the integration of hygiene, nutrition and sanitation into a health education curriculum.

28. Reproductive health commodity security. Using 1998 DHS data, a 1999 UNFPA study on Turkey's contraceptive requirements and logistics management needs projected that users of modern contraception would increase from 5 million in 2000 to 6 million in 2005. For the period 2000-2005, the total contraceptive costs for re-supply methods would amount to $68 million; more than half of this amount would be provided by the public sector. Although no shortages have been experienced since donors have phased out their support for the provision of contraceptive supplies, this area has not yet secured regular provision as part of the annual budget. USAID is working with the Government to ensure that before it phases out its assistance by 2001, self-reliance will be achieved.

29. Population and development strategies. The purpose of the population and development strategies subprogramme is to ensure the availability of the necessary information and data systems to monitor progress in the implementation of the ICPD Programme of Action. To that end, UNFPA will provide technical assistance to improve data collection, utilization and dissemination. UNFPA will assist the State Institute of Statistics to: (a) develop a comprehensive population and development data bank; (b) design a strategy to improve the birth registration and vital statistics system; (c) carry out the planned 2003 DHS, particularly through advocacy for

funding and dissemination of data; and (d) conduct a limited number of priority research studies on such issues as migration and urbanization, population dynamics, gender gaps, and ageing.

Advocacy

30. The purpose of the advocacy subprogramme is to further the political commitment and resource mobilization at the national and community levels for the implementation of the ICPD Programme of Action, including its gender equality and equity component. The major outputs of this subprogramme will include increased support among policy makers for policies and strategies promoting reproductive health and reproductive rights and gender equity and equality.

31. Activities under the proposed subprogramme will include briefing meetings, seminars and discussion events with parliamentarians, government officials, policy makers and other influential groups as well as the production and dissemination of IEC materials and background information. The target audiences will be selected at both the national and community levels. Mass media would also be used to inform on identified priority issues, at both the national and sub-national levels. Parliamentary activities will be coordinated with or through the Population, Family Planning, Health, and Social Affairs Committee of the Parliament. Activities would also include support for the Directorate General on the Status and Problems of Women in their advocacy efforts to introduce legislation promoting gender equity and equality as well as support for research exploring the problem of violence against women. UNFPA will also support the Environment Foundation for its advocacy work on population and environment relationships.

32. Another output of the advocacy subprogramme will be strengthened capacity of the national and local media to provide accurate and effective coverage of major issues related to reproductive health, reproductive rights, gender equity and equality, and population and development. Support will be provided to enhance the skills and knowledge of the staff of the national and local mass media organizations. This would include training of mass media professional staff, organizing national seminars, disseminating information and educational materials, forming a young journalists' forum and supporting field visits for journalists. Youth organizations will be provided with technical assistance to produce their own message on Internet sites and to use interactive communication tools.

33. A further output will be strengthened capacity of selected civil society organizations and government agencies to carry out advocacy in support of adolescent reproductive health, gender equality and equity, and population and development. UNFPA will support training activities for civil society organizations on planning, designing and implementing advocacy campaigns. UNFPA will also provide technical assistance to selected NGOs to develop an advocacy strategy and to establish media monitoring mechanisms. These activities will contribute to the strengthening of coordination and networking among the NGOs.

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34. UNFPA will provide technical assistance to the Government and teachers and parents associations to strengthen their capacity to conduct formative research, design advocacy campaigns, and to develop a cadre with advocacy skills. National and regional seminars on adolescents' rights for health, including reproductive health, education would also be organized. Avenues to involve private sector in these activities would be explored. In addition, UNFPA will collaborate with UNICEF in the context of its advocacy for the implementation of CEDAW and the Rights of the Child, providing support to community organizations to strengthen their capacity to mobilize vulnerable groups.

Programme implementation, coordination, monitoring and evaluation

35. The third country programme will be largely under national execution, including the Government and national NGOs and other institutions. South-South implementation modalities and coordination will be strengthened. Programme implementation will be monitored and evaluated in accordance with established UNFPA guidelines and procedures. Baseline surveys will be conducted at the inception of the programme to establish benchmarks for the specific qualitative and quantitative indicators presented in the logical framework. Regular project site visits and meetings with all stakeholders will provide inputs for the annual programme review meetings. The mid-term review to assess the impact of the programme and the adequacy of activities and strategies and to proceed with appropriate adjustments for the remainder of the cycle would be held in 2003. The final evaluation would be conducted in early 2005. Programme review and evaluation will take place within the context of a strengthened United Nations Resident Coordinator System, as indicated in the CCA and UNDAF.

36. The country office currently comprises one Representative, one Assistant Representative and three support personnel. The implementation of the programme will require the support of three National Professional Project Personnel. Under the proposed programme, the amount of $500,000 from regular resources would be used for programme coordination and assistance.

Recommendation

37. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Turkey, as presented above, in the amount of $5.5 million for the period 2001-2005, $4.5 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $1 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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